

**STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY**

PROGRESS SHEET

☐ SURFACE WATER

☒ GROUND WATER

NAME Selkirk Water/ Glen MacPhee	TELEPHONE NO. (509) 226-9922
-------------------------------------	---------------------------------

ADDRESS 3902 S. Woodruff 24826 Hauser Lake Road	CITY Spokane Newman Lake	STATE WA	ZIP CODE 99025 99206
---	--------------------------------	-------------	-------------------------

ASSIGNED TO	TELEPHONE NO. Valley	DATE ASSIGNED
-------------	-------------------------	---------------

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

APPLICATION NO. G3-30294 2145975	PERMIT NO.	CERTIFICATE NO.
DATE AMENDED	DATE CANCELLED	W.R.I.A. 57

APPLICATION

DATE APPLICATION RECEIVED August 31, 2000	INITIAL \$10.00 FEE RECEIVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE FEE RECEIVED August 31, 2000
STATEMENT OF ADDITIONAL EXAMINATION FEE \$	DATE SENT	DATE RECEIVED
DATE RETURNED FOR COMPLETION OR CORRECTION		DATE RECEIVED

TEMPORARY PERMIT

APPROVED BY	DATE ISSUED
-------------	-------------

The Spokesman Review	PUBLICATION
----------------------	-------------

APPROVED BY	DATE APPROVED	DATE NOTICE SENT
-------------	---------------	------------------

PROTESTED BY & DATE

DATE AFFIDAVIT RECEIVED	CHECKED BY	TIME EXPIRED	DATE AMENDED NOTICE SENT	DATE AFFIDAVIT RECEIVED	TIME EXPIRED
-------------------------	------------	--------------	--------------------------	-------------------------	--------------

DEPARTMENT OF FISH & GAME REPORT

APPROVED	PROVISO	PROTEST
----------	---------	---------

EXAMINATION

DATE EXAMINATION MADE	MADE BY	DATE REPORT OF EXAM. WRITTEN	WRITTEN BY	CHECKED BY
DATE PERMIT FEE REQUESTED		AMOUNT DUE	DATE RECEIVED	

PERMIT

PERMIT APPROVED BY	DATE APPROVED	PERMIT NO.	DATE ISSUED
--------------------	---------------	------------	-------------

BEGINNING OF CONSTRUCTION

DATE NOTICE SENT	DATE FILED	EXTENSION FEE
EXTENDED TO		EXTENDED TO

WELL DRILLER'S AND/OR CONSTRUCTION REPORT

DATE SENT	DATE FILED
-----------	------------

COMPLETION OF CONSTRUCTION

DATE NOTICE SENT	DATE FILED	EXTENSION FEE
EXTENDED TO		EXTENDED TO

PROOF OF APPROPRIATION

DATE SENT	DATE FILED	EXTENSION FEE	EXTENDED TO
DATE CERT. FEE REQUESTED	AMOUNT DUE	DATE RECEIVED	DATE APPROVED FOR CERTIFICATE
			APPROVED BY

CERTIFICATION

PROOF EXAM REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	CERTIFICATE NUMBER	DATE ISSUED
---	--------------------	-------------

CC: State Health Dept.
Spokane County Health

Newman Lake